**2200 Markham Rd unit 5, Scarborough ON M1B2W4  
647-435-5980**

**Repair Order Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Information | | | |
| First Name |  | | |
| Last Name |  | | |
| Cell Phone |  | Work Phone |  |
| Email |  | | |
|  | | | |
| Item for return/ repair | | | |
| Make |  | Model |  |
| Serial # |  | | |
| Accessories Included |  | | |
|  | | | |

**Description Of Problem:**

**Please Fill Out Form Completely And Ship To Above Address**